



# Huron Perth Public Health

## Report of the Medical Officer of Health

April 9, 2021

### Health Protection

#### COVID-19 Update

March 17<sup>th</sup> marked one year since a state of emergency was declared in Ontario. The Ontario government further extended, to April 20<sup>th</sup>, all emergency orders under the Reopening Ontario Act.

Ontario's total daily cases of COVID-19 continued to fall into the first week of March; then the fall in case counts stalled and counts began to climb again, driven by Variants of Concern (VOCs) which are more transmissible. The number of hospital and ICU admissions also began to climb again. Fortunately, outbreaks and deaths in LTCHs and Retirement Homes have been much mitigated by high vaccination rates in these facilities. Health Minister Elliott noted that while variants of concern are impacting more younger people, the province is working to contain them while racing against time to inject as many people as possible with the COVID-19 vaccine.

On March 22, the Province shared additional detail about Phase 2 of Ontario's Vaccination Plan, which is summarized in the table below.

**Figure 1: Projected Timing of Phase 2 Sequence**

Phase 2	Primary Priority			Secondary Priority	
	APR	MAY		JUN	JULY
Older Adults	Over 75				
		Over 70			
			Over 65		
				Over 60	
Health Conditions	Individuals with health conditions				
	Highest Risk & Caregivers	High Risk & Certain Caregivers	At Risk Health Conditions		
Congregate Settings	High Risk Congregate Living Settings				
Hot Spots	COVID-19 Hot Spot Communities				
	Highest Risk Communities		Remaining Hot Spot Communities		
Cannot-Work-From-Home			Essential Workers who cannot work from home		
			Group 1	Group 2	

A recent [brief from Ontario's Science Advisory Table](#) has noted that Variants of Concern (VOCs) are having a substantial impact on Ontario's healthcare system. When compared with early variants of SARS-CoV-2, VOCs are associated with a 63% increased risk of hospitalization, a 103% increased risk of intensive care unit (ICU) admission and a 56% increased risk of death due to COVID-19; the number of people hospitalized with COVID-19 is now 21% higher than at the start of the province-wide lockdown, while ICU occupancy is 28% higher and the percentage of COVID-19 patients in ICUs who are younger than 60 years is about 50% higher now than it was prior to the start of the province-wide lockdown.

The Chair of the Scientific Table emphasized that the pandemic is "out of control...we should not hope for miracles...they're not coming ... vaccines will work much better when we start to control the growth we have now, otherwise the force of infection will be too high...it's important now that everybody just wakes up and comes out of denial."

Huron Perth moved to the Yellow-Protect level of Ontario's strengthened Coronavirus Response Framework on March 1<sup>st</sup>, and our COVID case counts have remained stable since that time. However, neighbouring health units are experiencing an

increase in case counts; Middlesex London health Unit moved to the Red-Control level as of March 30<sup>th</sup>. The Ontario Health West dashboard screenshot below (data as of March 29) reflects the increased community transmission.

Snapshot						
		Page	→	Data As Of:	202	
LHIN	Master PHUs	COVID Response Level	Incidence (Weekly New Cases per 100k)	% Positivity (7d Avg - Interim Data)	ICU Occupancy	Acute Occupancy
01 ESC	Chatham-Kent HU	3 - Restrict	65.8	3.53%	50%	60%
01 ESC	Lambton HU	4 - Control	136.7	2.88%	71%	74%
01 ESC	Windsor-Essex HU	4 - Control	49.2	3.93%	79%	90%
02 SW	Grey Bruce HU	1 - Prevent	27.1	1.66%	72%	80%
02 SW	Huron-Perth HU	2 - Protect	10.7	0.63%	50%	72%
02 SW	Middlesex-London HU	3 - Restrict	70.7	2.75%	71%	81%
02 SW	Southwestern PH	3 - Restrict	41.1	1.71%	76%	77%
03 WW	Waterloo PH	4 - Control	53.1	2.64%	78%	87%
03 WW	Wellington-Dufferin-Guelph HU	4 - Control	38.2	1.80%	80%	83%
04 HNHB	Brant HU	3 - Restrict	56.7	2.51%	73%	88%
04 HNHB	Haldimand-Norfolk HU	2 - Protect	64.9	2.10%	100%	80%
04 HNHB	Hamilton HU	4 - Control	118.7	3.20%	86%	98%
04 HNHB	Niagara HU	4 - Control	72.0	3.23%	80%	83%

As of March 31, HPPH reported a total of 1,417 positive results (10 of which have screened positive for Variants of Concern (VOC)), with 11 active cases, 0 current hospitalizations (55 total), 2 active cases in Health Care Workers (220 total) and 50 deaths.

Ontario reported 2,102,380 vaccine doses administered in Ontario on March 30<sup>th</sup> (data as of March 29<sup>th</sup>, 8:00 am). In Huron Perth, the final groups within Phase 1 populations were provided the opportunity to book a vaccine appointment starting as of March 22, ahead of the provincial target. In addition, HPPH was able to open bookings to those aged 70 years and older as of March 25<sup>th</sup>, ahead of target. In total, as of March 29<sup>th</sup>, HPPH is reporting 18,124 vaccines administered (to Huron Perth and non Huron Perth residents at Huron Perth clinics and/or to Huron Perth residents outside of Huron Perth).

The vaccine allotment to HPPH has been modest to date; this is a function of many factors including the initial logistics of managing ultra-cold vaccine as well as the fact that Huron Perth has not experienced high rates of transmission, and Huron Perth does not include a defined Indigenous Community, which are risk factors that were used to target vaccine allotments.

Nonetheless, according to the PHO Surveillance Report. COVID-19 Vaccine Uptake in Ontario: December 14, 2020 to March 20, 2021, the coverage in Huron Perth is comparable to Ontario.

% coverage	ON	HPPH
At least one dose	8.2	8.9
2 doses	2.0	2.3
Total # doses	1,523,872	11,917

HPPH's participation in the regional COVID-19 Vaccine Prioritization Advisory Committee (which is guiding a fair and consistent vaccine roll out in accordance with the provincial plan and ethical framework), and HPPH's facilitation of the Huron Perth Mass Vaccination Advisory Committee (HPMVAC) continues to underpin our COVID-19 vaccine program.

In Huron Perth, the vaccine strategy uses multiple channels; mass vaccination clinics, mobile clinics, some forward deployment of vaccine to Primary Care and soon, there will be vaccine available in area pharmacies. It is anticipated that this widespread availability will be one important strategy to address vaccine confidence.

The provincial vaccine booking system has some limitations including:

- the inability to book only second appointments (and we launched our local solution prior to the launch of the provincial system so we need this ability)
- age only-booking capacity (which means we would need to run a parallel booking system for other criteria)
- a reliance on postal codes (which is problematic in rural areas where there is overlap between health unit jurisdictions)

The Vaccine Preventable Diseases (VBD) team continues to use a local booking solution, until the provincial booking system is strengthened and will meet our needs.

We have increased our temporary staff in order to be able to staff our vaccine program. We are also receiving support from partner agencies including our local HP & Area Ontario Health Team (HP & A OHT) partners such as hospitals, Paramedic Services, and Primary Care, and also much appreciated Municipal support to deal with mass vaccination clinic logistics.

A decision was made mid March to pause our rotating clinic schedule and run mass immunization clinics only at our Stratford and Goderich sites. Several factors were taken into account when making this decision including vaccine supply, efficiency of the clinics and the toll that it takes on staff due to continuous set up and take down of sites. This decision was not taken lightly and goes against our philosophy of taking the vaccine to the people. We recognize that there may be a need to start these rotating clinics again, particularly as vaccine confidence dwindles, but we also recognize that much more support will be required related to clinic set up and take down if we are to be successful in this model.

At the time of this report, the Facilities Response Team is facilitating the outbreak response at one Long Term Care Facility, Ritz Lutheran Villa in Mitchell.

Surge capacity for our Case and Contact Management work is underway with cross training of our School COVID Team and Facilities Response Team staff, as many of our case and contact management staff have been redeployed to immunization clinics. This is a high priority as cases of Variants of Concern increase.

In November 2020, the Ministry of Health conducted an evaluation of the provincial School-Focused Nurse (SFN) initiative. This evaluation (attached) asked PHUs about the work and activities of the SFNs from September 1 – October 31, 2020. At HPPH, the SFN positions are primarily operationalized in the School COVID team. PHUs are expected to complete monthly activity reports for April – July (current funding ends July 31, 2021)

The communications team's primary focus at the current time is supporting all aspects of COVID-19 vaccination efforts – this includes online, print and radio communications around eligibility, messaging support for the booking system, on-site clinic communications and volunteering at clinics where possible. Broader messaging has also been developed for the following topics:

- Vaccine roll out in Huron-Perth
- Vaccine products
- Vaccine timing (second dose)
- Need to continue public health measures after vaccination for time being
- Vaccine hesitancy

Communications also continues to assist in providing and refining HPPH messaging related to other aspects of COVID-19 response. In March, aspects of COVID-19 response (non-vaccine) requiring increased messaging included:

- Huron-Perth's status in the enhanced provincial framework;
- Variants of Concern (and resulting isolation requirements); and
- Guidance for outdoor activities and special events

As usual, messaging includes broad external messaging and targeted messaging to stakeholders, as well as supporting the COVID Intake line and other HPPH staff with responses to the many individual phone calls, emails and social media messages from Huron-Perth residents. Paid advertising to support vaccine communications around eligibility also began in March.

In terms of voice and tone, the communications team continues to emphasize kindness, patience and cooperation during this challenging, and yet hopeful, time.

At this time, HPPH staff have accrued > 22,179 hours of overtime in the pandemic response

## Substance

In March, HPPH submitted feedback in support of the proposed Health Canada Regulation as posted in Canada Gazette, *Part 1, Volume 154, Number 51: Concentration of Nicotine in Vaping Products Regulations*. The Regulation would limit nicotine concentration in vaping products to a maximum of 20mg/mL and prohibit the packing and sale of vaping products if the nicotine concentration displayed on the package exceeds this new limit of 20 mg/mL for products sold in Canada.

## Health Promotion

HPPH, as part of the Southwest Rethink Your Drinking Working Group, submitted a letter to the Alcohol and Gaming Commission of Ontario (AGCO). The letter expressed public health concern about the 61 liquor sale licence applications made to the AGCO on behalf of 7-Eleven Canada, Inc. Expanding the availability of alcohol to some convenience stores will have negative impacts on the health and safety of our communities, as research has clearly shown that increased physical availability of alcohol is strongly related to alcohol use and associated harms. Past deregulation of alcohol sales in Ontario has disproportionately increased access to some of the most vulnerable residents in our communities.

Health Unit staff participated in a meeting with City of Stratford, Stratford Police and local school boards to improve safety and reduce parking congestion around schools. The campaign will focus on education and will include social media messaging encouraging students to walk, bike or use some other form of active transportation to travel to and from school each day. Stratford Policy Community resource officer and Stratford parking enforcement also attended some school locations to provide education and enforcement in non-parking zones.

*Respectfully submitted by Dr Miriam Klassen, MOH & CEO*